



RE:SOURCE
YOGA THERAPY

***Health As a Whole ::
300-hr Yoga Therapeutics Certification***

Application Form

Thank you for your interest in our program. *Re:source Yoga Therapy* seeks students desiring to further involve themselves in yoga as a lifestyle and who wish to understand health as a whole.

The next 300-hr Yoga Therapeutics program will be held in Montreal, Qc. From September 2015 to December 2016.

The 300hr program is designed so that you can complete the different components at your own pace within the dates mentioned above. The components can be done in any order.

A certificate will be awarded after the completion of all components, which include:

- **215 hours yoga therapeutics training**
 - **(8 weekend modules + homework)**
- **35 hours workshops of choice at *Re:source***
- **30 hours case study**
- **18 hours clinical training (9 times 2 hours)**
- **Final Evaluation:**
 - Final Presentation within class times;**
 - Final Exam by appointment**

Application Requirements:

Please read and agree to the following application requirements before completing the following application form.

Re:source Yoga Therapy welcomes students of any sex, sexual orientation, marital status, race, color, national or ethnic origin, or religion.

- Fluency in English &/or French
- Free of disability or disease that could impede the learning process of the individual or jeopardize the health and safety of fellow students/clients
- Prior experience with yoga



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Admission Procedures:

Please mail your completed application package to the following address:

Re:source Yoga Therapy
5141 St-Denis
Montreal, Qc.
H2J 2M1

A completed application package includes:

- Completed application form and health evaluation form (see below)
- A current resume & cover letter stating intentions to follow course
- A copy of related education certificates

Once we have received your completed application, we will personally contact you in order to schedule an appointment with the program director. This meeting will take approximately one hour, and will address the following:

- Discussion of any further details and answers to any questions you may have.
- Explanation and signing of the student enrolment contract.
- Initial deposit of \$712.50
- Payment balance of \$2350
(payment plans available. Please bring your check book, or credit card)

Once admission is complete, we will send you (by email) a registration package that will include: the signed enrollment contract, program information, logistics and other details.

Any questions regarding admission can be emailed to info@resourceyoga.com.

We look forward hearing from you!

Carina Raisman

Founder and Program Director of *Re:source Yoga Therapy*



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Personal Information

Last Name: _____ First Name: _____

Gender: F M

Address & postal code: _____

Main telephone: _____

Email: _____

Date of Birth: _____

Citizenship: _____

How did you hear of *Re:source* and of this particular program?

What qualities and skills do you wish to gain from this training program?

BACKGROUND

Current Occupation(s):

Academic background:

Other certificates/trainings:



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Yoga Studies

How long have you been practicing yoga?

Which styles or lineage of yoga are you familiar with?

How active has your yoga practice been in the past 2 years?

Attending group classes:

Personal practice:

Do you teach yoga?

If so, how long have you been teaching yoga?

Where do you teach yoga?

PREVIOUSLY	CURRENTLY

Please provide us with one yoga-related reference:

Name: _____

Location: _____

How you know this person: _____

Telephone: _____

Email: _____



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Health Evaluation

1. Please comment on your general/overall mental and physical health:
2. Please list any past or present injuries and approx date.
3. Please list any movement limitations
4. Please advise us of any health concerns:
5. Are you using any prescribed medication?
6. If yes, please name the medication, reason and give a brief medical history:
7. Please describe quality of sleep: good/poor/deep/agitated
8. Do you wake up rested?
9. Please describe appetite & general eating patterns:
10. Please comment on digestion: (regular, bloating, difficulties etc.)
11. Please mention here anything that is noteworthy about your health and how it may affect your participation in the course:

Your signature below indicates that the above information is complete and true to the best of your knowledge:

Signature

Date